

H1N1 Vaccine Pre-Registration

Instructions

On this form, **HEALTH CARE PROVIDERS** may pre-register to receive H1N1 influenza vaccine when it becomes available through the District of Columbia Department of Health and the Centers for Disease Control and Prevention.

Facilities with multiple locations should submit a separate pre-registration form for EACH vaccination site, unless otherwise approved in advance. Fields with red asterisks are required. You are encouraged to print a copy of this completed form before its submission. Hit the "SUBMIT" button at the end to finish the pre-registration.

1. Name of site being pre-registered: *

2. Please list alternate site by parent company or subsidiary company name:

3. Type of site being pre-registered: *

Please select from the list of drop-down options. Type of site being pre-registered: Please select from the list of drop-down options.

If you select other above, please specify:

Name of the primary person who is the H1N1 point of contact (POC) for this site: *

Name of the alternate person who is the H1N1 point of contact (POC) for this site:

4. Contact information of the site being pre-registered. *

Address:

City/Town:

State

ZIP Code:

Email Address:

Phone Number:

Alternate Phone:

Fax Number:

Name of the prescriber (e.g. M.D., D.O. Nurse Practitioners) under whose authority vaccinations are administered at the site. *

5. Prescriber's Medical License Number:*

Qualifications of the POC: (e.g. M.D.,D.O., R.N.,etc...)

6. District of Columbia VFC Provider PIN Number, if applicable:

7. How many doses of H1N1 vaccine are estimated to be given at this site? (See definitions for details.)

Less than 100 101 to 400 More than 400 More than 1000 More than 2500 More than 5000

8. Please estimate the number of vaccinations that you might provide to the following populations:

- Pregnant Women
- Healthcare Provider (Including EMS Providers)
- Chronic Conditions (Including Immuno-compromised)
- Caregivers of ages < 6 months
- Ages 7 months -24 yrs
- Ages 25 yrs – 64 yrs
- Ages Over 65
- All others categories

9. Does your facility have adequate cold chain storage? Yes No

10. Additional Comments

11. Print this pre-registration form!

It is highly recommended that you print a copy of this completed form BEFORE you click on "SUBMIT". You will not be able to print a copy after submission. Retain a copy of this form for your records.

Thank you! To finish this pre-registration, click "SUBMIT". You will be redirected to the DC DOH H1N1 webpage for additional information.